



MEDICAL CERTIFICATE

Personal information

Name (as in passport):

Given Name(s):

Family Name (Surname):

Date and place of birth (dd/mm/yyyy, city, country):

Nationality:

Permanent address:

Gender:

E-mail/Phone number:

Next of Kin (Emergency Contact) phone number:

Mandatory tests (Results must not be older than 3 months)

Screening/Serological Tests	Date	Result
Tuberculosis screening (Chest X-ray or Quantiferon test)		<input type="checkbox"/> Negative / <input type="checkbox"/> Positive
HIV test		<input type="checkbox"/> Negative / <input type="checkbox"/> Positive
Hepatitis B surface antigen (HBsAg)		<input type="checkbox"/> Negative / <input type="checkbox"/> Positive
Hepatitis C antibody (anti-HCV)		<input type="checkbox"/> Negative / <input type="checkbox"/> Positive

Vaccination status

(Please attach proof of a Childhood Vaccination Booklet or an International Certificate of Vaccination in English in a separate file.)

Vaccinations	Dose 1 (Date)	Dose 2 (Date)	Dose 3 (Date)	Dose 4 (Date)	Dose 5 (Date)	Most Recent Dose (Date)
Diphtheria, Pertussis, Tetanus						
Poliomyelitis						
MMR (Measles, Mumps, Rubella)						
Hepatitis B						
Typhoid*						

*required after entry from typhus-endemic region

Past medical history and additional notes

Chronic/ Illnesses	
Medications	
Hospitalizations	
Disabilities / Special Needs	
Allergy	
Other(s)	



Doctor's/physician's details

Full Name	
Position	
Telephone	
E-mail	
Address	

General medical statement (to be completed by the physician)

This is to certify that the above-named person who has been examined is found to be free from infectious diseases and physically and mentally fit for academic studies.

Date



Signature and stamp